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Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW

Report for

Monadnock Family Services

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Quality Service Review Report
for Monadnock Family Services

NH Department of Health and Human Services
Office of Quality Assurance and Improvement
Bureau of Quality Management

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Disclaimer

Enhancements were made to the QSR instruments and scoring protocol prior to conducting this fiscal year's QSR, hence, the results contained in this report are not comparable to those in the fiscal year 2017 QSR reports and have some variations to the prior QSR report.

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The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the Monadnock Family Services staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. OQAI also thanks the CMHC QSR review team, which included staff from OQAI and staff from the Division of Behavioral Health.

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
MFS	Monadnock Family Services
NHH	New Hampshire Hospital
OCR	Overall Client Review
OQAI	Office of Quality Assurance and Improvement
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 Quality Indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at Monadnock Family Services (MFS) in Keene and Peterborough, NH, from April 9 through April 13, 2018. The MFS QSR sample included 104 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of April 1, 2017 through April 8, 2018. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

MFS received a score of 70% or greater for 12 of the 18 quality indicators. The following six quality indicators were identified as areas in need of improvement:

Quality Indicator 8: Adequacy of employment assessment/screening

Quality Indicator 10: Adequacy of individual employment service delivery

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 14: Appropriateness of crisis plans

Quality Indicator 15: Comprehensive and effective crisis service delivery

Quality Indicator 17: Implementation of High Fidelity ACT Services

MFS is required to submit a Quality Improvement Plan to DHHS for each of the six quality indicators identified as needing improvement.

Table 1: Monadnock Family Services QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	19	82%	No	4
2. Appropriateness of treatment planning	19	95%	No	3
3. Adequacy of individual service delivery	19	75%	No	6
4. Adequacy of housing assessment	19	100%	No	1
5. Appropriateness of housing treatment planning	19	84%	No	1
6. Adequacy of individual housing service delivery	19	93%	No	3
7. Effectiveness of the housing supports provided	19	77%	No	5
8. Adequacy of employment assessment/screening	19	47%	Yes	2
9. Appropriateness of employment treatment planning	11*	82%	No	1
10. Adequacy of individualized employment service delivery	14*	43%	Yes	2
11. Adequacy of assessment of social and community integration needs	19	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	19	79%	No	13
13. Adequacy of crisis assessment	11*	64%	Yes	4
14. Appropriateness of crisis plans	19	68%	Yes	2
15. Comprehensive and effective crisis service delivery	9*	69%	Yes	5
16. Adequacy of ACT screening	19	100%	No	2
17. Implementation of High Fidelity ACT Services	13*	44%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	10*	77%	No	7

* Individuals not applicable to the quality indicator were excluded from scoring.

I. Background

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

II. Purpose

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process in consultation with representatives of the plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

III. QSR Process Overview

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC. During the on-site period, daily meetings are held with QSR reviewers to ensure consistent practice and inter-rater reliability, and to seek assistance from the CMHC staff if needed. During the post-on-site period, follow-up tasks required of the CMHC are completed and OQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Information gathered during the site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

For each individual, the CMHC identifies a staff member to be interviewed who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC, and the activities that he/she participates in outside of the CMHC.

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a “YES.” The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, in order for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual’s needs and preferences (performance measure 1a), identify an individual’s strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as “YES” (positive) or “NO” (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as “YES.” The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: CMHC QSR Abbreviated Master Instrument). In some

cases, the individual's response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual, therefore the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of High Fidelity ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable Quality Indicators, e.g., OCR Q1 "Is the frequency and intensity of services consistent with the individual's demonstrated need?" is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC's compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of "YES" measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
- Employment Services and Supports: Quality Indicators 8, 9, and 10;
- Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;

Crisis Services and Supports: Quality Indicators 13, 14, and 15;

ACT Services: Quality Indicators 16, and 17; and

Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data to explain instances such as differences between individuals receiving ACT and those not receiving ACT, particularly low scoring measures within a Quality Indicator, and outlier data. Conclusions include an assessment of the CMHC's achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

Quality Improvement Plan and Monitoring

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any Quality Indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY 18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the OQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and OQAI each quarter. BMHS and OQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are

expected to make incremental improvement each year toward an improvement target of 80% or greater.

V. Monadnock Family Services QSR Findings

Monadnock Family Services Overview

The Monadnock Family Services QSR was conducted at the Monadnock Family Services office in Keene, NH. Additional information about Monadnock Family Services is found in Appendix 4: Agency Overview. One hundred and three MFS individuals met the QSR sample criteria.

Twenty-two eligible individuals were drawn from this pool at random to be interviewed, however only 19 individual interviews were completed. Table 2 shows the distribution of individuals by the four sample categories.

Table 2: Number of Individuals by Category

	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
CATEGORY	Number	Percent	Number	Percent
ACT/IPA	10	10%	5	26%
ACT/NO IPA	43	41%	8	42%
NO ACT/IPA	5	4%	5	26%
NO ACT/NO IPA	46	44%	1	5%
Total	104	99%†	19	99%†

† Percentage does not add up to 100% due to rounding.

The Monadnock Family Services QSR assessment included a total review of 21 clinical records, 19 individual interviews and 20 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Phone	Total
Individuals Interviewed	18	1	19
Staff Interviewed	19	1	20
Clinical Records Reviewed	21	NA	21

From April 9 through April 13, 2018, five teams consisting of staff from OQAI and DBH completed the DHHS on-site data collection processes. Data was collected for the review period of April 1, 2017 through April 8, 2018. Following the on-site review, the QSR data was scored. Analysis of the scores was then completed.

Monadnock Family Services Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. MFS was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Nineteen individuals were scored for Quality Indicator 1. MFS received a score of 82%. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d. Of 19 individuals interviewed, 1 individual was considered not applicable for Measure 1c because the review was unable to code the staff response based on the response provided. Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual's needs and preferences	19	0
Measure 1b: Assessments identify individual's strengths	19	0

Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	4	14
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0

Additional Results

- MFS uses the ANSA assessment to assess clients' needs. (CRR Q4).
- For 14 of the 18 individuals, staff described that the ANSA, at least in part, was completed through a face-to face interaction with the individual. Very few staff interviewed had an understanding of the ANSA assessment process nor any involvement with it. One staff implied that the team lead completed all the ANSA assessments for that particular team (SII Q2).
- Overall, no individuals were observed to need additional services that were not already identified in their assessments or in their treatment plan. (OCR Q3).

Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Nineteen individuals were scored for Quality Indicator 2. MFS received a score of 95%. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	18	1
Measure 2b: Treatment planning is person-centered and strengths based	17	2
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0

Additional Results

- Individuals responded they talked with MFS staff regularly about their needs and goals, most commonly stating that they did so every day or weekly (CII Q2). Five individuals said they did not speak to staff about their needs and goals as often as needed (CII Q3). Those five individuals had responses ranging from monthly to once or twice per year (CII Q2).
- Of the 19 clinical records reviewed, 16 individuals signed their most recent ISP/treatment plan (CRR Q12); 18 ISP/treatment plans included the individuals' strengths (CRR Q13); and 19 ISP/treatment plans were written in plain language (CRR Q14).
- Sixteen individuals responded staff actively work with them on their goals (CII Q5).
- Of the 19 individuals interviewed, 16 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Of the 19 individuals interviewed, 16 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- Overall, no individuals were observed to need additional services that were not already identified in their assessments or in their treatment plan. (OCR Q3).

Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Nineteen individuals were scored for Quality Indicator 3. MFS received a score of 75%. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	5	14
Measure 3b: Service delivery is flexible to meet individual's changing needs and goals	16	3

Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	16	3
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	12	7
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	17	2

Additional Results

- Of the 19 individuals interviewed, 13 individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; six individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; zero individuals responded “no,” they were not able to get all the services and supports they need to meet their current needs and achieve their goals (CII Q14). Of the six individuals who responded “somewhat”, three individuals responded they need more services (CII Q15).
- Staff acknowledged there were some services individuals were not receiving at the frequency indicated in their treatment plan. Six individuals were found to be declining services prescribed on their treatment plans (SII Q7, SII Q8). Five individuals were not receiving services as prescribed due to specific services being unavailable (SII Q7, SII Q8). In many cases, staff mentioned there were periods of time that a service was unavailable due to staff leaving employment and the individual had to wait to be reassigned (SII Q7, SII Q8). Some staff mentioned the possibility that services did not show up as being provided due to staff filling multiple roles which progress note documentation may not reflect (SII Q7).
- Overall, it was determined that seven individuals reviewed were not receiving services at a frequency and intensity consistency with their demonstrated needs (OCR Q1) . There were large gaps in services for many of these individuals, and the service delivery was not an issue specific to one service or staff position. This concern seemed to span service provisions, issues noted with individual therapy, prescriber services, supported employment, developmental services (or the coordination of developmental services),

and nursing. There was also noted concern where non-ACT staff was providing the majority of services for an individual on an ACT team (OCR Q2)

- Overall, zero individuals reviewed were observed to have a need for additional services that had not already been identified in assessments or treatment plans (OCR Q3). MFS seemed to be able to identify needs in the assessment and treatment plan process, it was more the follow through with the necessary service provision as mentioned above that was of concern.
- Overall, two individuals reviewed were observed to not be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5). For one individual, it was noted that nursing and medication services were not being provided at the necessary frequency and there was a wait list for the InShape program. For another individual it was noted that he/she was in need of developmental services but there was a noted staff shortage. (OCR Q6).

HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."²

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Nineteen individuals were scored for Quality Indicator 4. MFS received a score of 100%. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	19	0

Additional Results

- Sixteen individuals reviewed had identified housing needs (CRR Q21).
- Some of the more commonly cited needs were related to applying for subsidized housing and maintaining current stable housing. Several individuals also had general issues related to their living skills and required further support (CRR Q22).

Quality Indicator 5: Appropriateness of Housing Treatment Planning

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Nineteen individuals were scored for Quality Indicator 5. MFS received a score of 84%. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual's housing needs and goals	16	3

Additional Results

- Overall, individuals' goals were in alignment with the individual's housing goals with a focus on finding new and different housing options (CRR Q25).

- Sixteen of the 19 individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 16 individuals, 13 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and 13 had housing goals in alignment with their assessed housing needs (CRR Q28).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

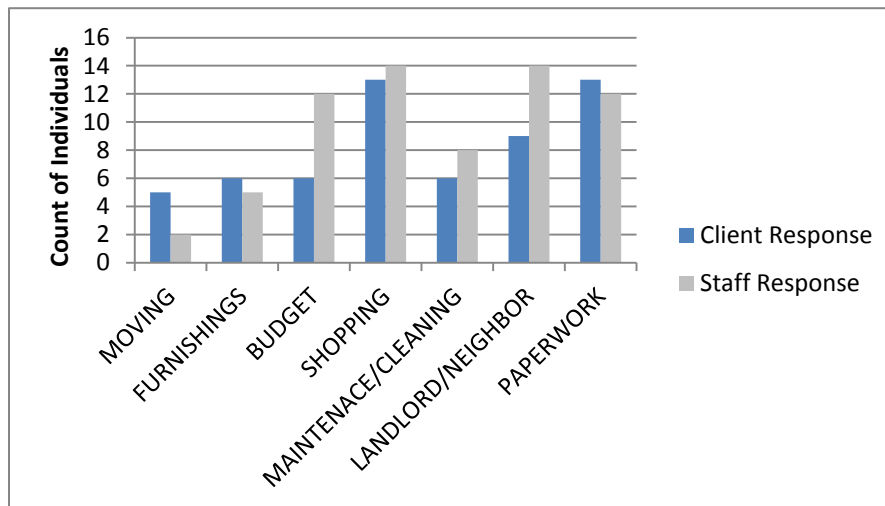
Nineteen individuals were scored for Quality Indicator 6. MFS received a score of 93%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	17	2
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	17	2
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	19	0

Additional Results

- When asked about what else was needed to reach their housing goals, one individual identified needing help in figuring out how much money he/she had available; another individual identified finding a new place to live which would be safer and more secure than his/her current housing (CII Q47).
- Overall, zero individuals reviewed were observed to not be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- The most common housing services received by individuals were shopping, housing paperwork, and help with landlord/neighbor relations (SII Q31, CII Q43) (see Figure 1).

Figure 1: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

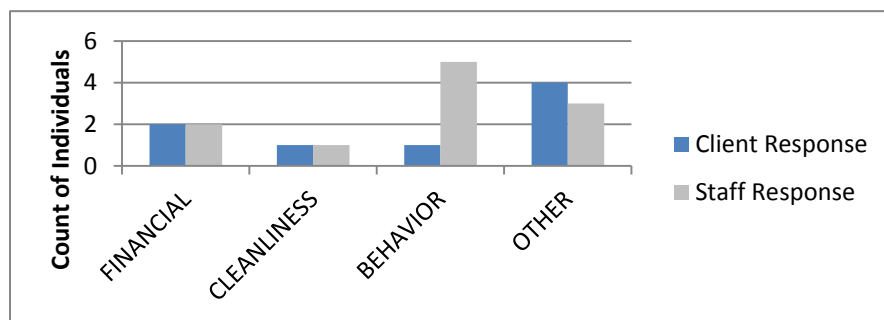
Nineteen individuals were scored for Quality Indicator 7. MFS received a score of 77%. Quality Indicator 7 consists of Measures 7a-7e. Of the 19 individuals interviewed, 10 individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	15	4
Measure 7b: Housing supports and services enable individual to maintain safe housing	14	5
Measure 7c: Housing supports and services enable individual to maintain stable housing	10	9
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	8	1
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	19	0

Additional Results

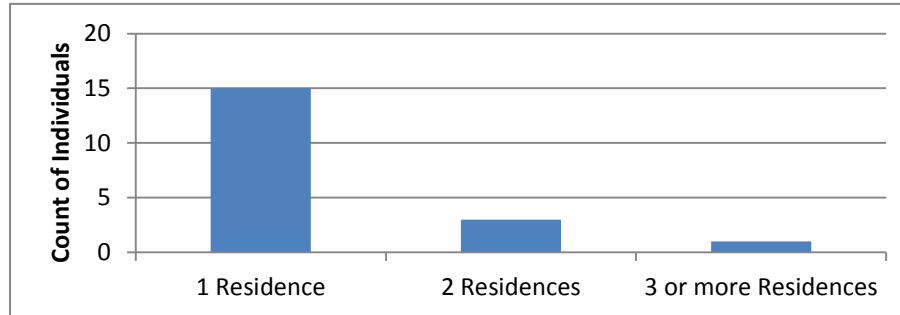
- Sixteen individuals are living in independent private residences, two individuals lived in a residential program run by the CMHC, and one individual lived in a boarding/rooming house (CII Q 28, SII Q21).
- Two individuals responded they were homeless at some point in the past 12 months (CII Q34).
- The most common responses made by individuals to the things most important to them when choosing a place to live were size of the apartment, neighborhood, and living in town (CII Q41).
- Six individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q30). Staff responded being aware of a safety concern related to housing for three of those individuals, but also identified related safety concerns related to housing for three additional individuals (SII Q23). Some of the noted reasons for the safety concerns were neighbors participating in drug related activity, including both potential dealing as well as heavy drinking. There were also noted safety concerns related to the actual physical home needing repairs and bed bug issues (CII Q31 and SII Q24).
- A total of nine unduplicated individuals were at risk of losing housing in the past 12 months based on individual and staff responses (CII Q32, SII Q25). Some of the allowed supposed to be there, substance use, behavior issues, as well as unable to pay rent. One individual was also at risk due to a technicality on how often his/her child resided there, as that was a condition of the housing agreement for the type of housing the individual had (CII Q33, SII Q26) (see Figure 2).

Figure 2: Reasons for Being at Risk of Losing Housing in the Past 12 Months



- Fifteen individuals lived in the same residence for the past years or more (CII Q35) (see Figure 3).

Figure 3: Places Lived in the Past Year or More



- Overall, it was determined that zero individuals were not receiving services adequate to obtain and maintain stable housing (OCR Q9).

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual's interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Nineteen individuals were scored for Quality Indicator 8. MFS received a score of 47%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 19 individuals interviewed, 14 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals received supported employment services two or more times in a three-month period. Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	11	8
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	1	4

Additional Results

- Eight individuals responded they had not been asked by MFS staff if they were interested in receiving help finding or keeping a job (CII Q54). Staff identified that 10 individuals had been screened for employment needs in the past 12 months, one had not been screened, and eight staff were unsure if the individual had been screened (SII Q41).
- All 19 individuals had employment needs assessed within the ANSA and the case management assessment (CRR Q31, CRR Q32).
- Five of the five individuals who received supported employment two or more times in a three-month period, had a comprehensive employment assessment (vocational profile) completed (CRR Q38). One individual had his/her employment strengths included in the comprehensive employment assessments (CRR Q39). There seemed to be entire sections of the vocational profile form uncompleted that could provide a great source of information related to individual strengths and other attributes.

Quality Indicator 9: Appropriateness of Employment Treatment Planning

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Eleven individuals were scored for Quality Indicator 9. MFS received a score of 82%. Quality Indicator 9 consists of Measure 9a. Of the 19 individuals interviewed, eight individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services per client (CII Q55) and/or staff (SII Q44) endorsement of employment interest. Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual's changing employment needs and goals	9	2

Additional Results

- MFS offers supported employment through the Keene and Peterborough offices. A Supported Employment Fidelity Review was completed at MFS in January 2018. The MFS review resulted in a score of 103 points out of a possible 125 points, or “Good Fidelity.” Eight areas scored a 3 or lower on a 5 point scale. The lowest scoring area, with a score of 1 out of 5, was Executive Team Support for Supported Employment.
- Eleven individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55); nine staff were aware of this interest (SII Q44). Of the same 11 individuals, nine had goals or plans regarding finding or keeping a job (CRR Q35, CRR Q36), as evidenced by their treatment plans and/or case management plans.
- Of the 11 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), two did not have employment needs identified in either the ANSA or the case management assessment (CRR Q33). For those same 11 individuals, staff identified nine of them as having interest in receiving help with finding or keeping a job (SII Q44). Conversely, for the eight individuals who did not have interest in receiving help with finding or keeping a job, seven of those *did* have employment needs identified.
- Three individuals had treatment plan and/or case management plan goals which were not in alignment with assessed needs (CRR Q42).

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Fourteen individuals were scored for Quality Indicator 10. MFS received a score of 43%. Quality Indicator 10 consists of Measure 10a and Measure 10b. Five of the 19 individuals interviewed were not applicable for this Quality Indicator because neither Measure 10a nor Measure 10b were applicable. Of the 14 individuals scored, two individuals were considered not applicable for Measure 10a because they reported not being interested in employment or receiving employment support services per client (CII Q55) and/or staff (SII Q44) endorsement of employment interest. Of the 14 individuals scored, two individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q35, CRR Q36). Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	6	6
Measure 10b: Services and supports are meeting individual's employment goals	5	7

Additional Results

- Nine individuals within this indicator who were prescribed supported employment services on their treatment plan did not receive those services at the prescribed frequency (CRR Q11). However, all nine individuals stated that they felt they were getting employment supports and services as often as they needed and were receiving enough support to reach their employment goals (CII Q62, CII Q63).
- Eight of 12 individuals had employment services and supports in alignment with their employment goals (CRR Q42).
- Of the seven individuals staff indicated were receiving supported employment services or other employment related services (SII Q52), staff responded that six of the individuals were being provided with services that were in alignment with the employment goals found in the treatment plan and/or case management plan (SII Q53). Three of those seven

staff described successes that demonstrated progress being made towards the individuals' employment goals (SII Q54).

- Three of the 12 individuals responded they are employed (CII Q49); of those individuals, all three have a competitive job (CII Q50); all three work full-time (20 or more hours per week) (CII Q51); and two individuals responded they are interested in working more hours (CII Q53).
- For individuals receiving support employment services, examples of progress, successes, and meeting individuals where they are at for individuals receiving supported employment services range from determining which vocations to pursue to job attainment and maintenance (SII Q54).
- Types of employment services provided ranged from initial engagement regarding supported employment to general discussion of employment related needs to supporting individuals in the community with getting information regarding college programs (CRR Q41).

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Nineteen individuals were scored for Quality Indicator 11. MFS received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual's related social and community integration needs and preferences	19	0
Measure 11b: Assessment identifies individual's related social and community integration strengths	19	0

Additional Results

- Each individual had a completed ANSA completed, which contains several domains related to individuals' social and community related needs and strengths (CRR Q43, CRR Q44).

Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Nineteen individuals were scored for Quality Indicator 12. MFS received a score of 79%. Quality Indicator 12 consists of Measures 12a-12m. Eight individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Individuals were scored as follows:

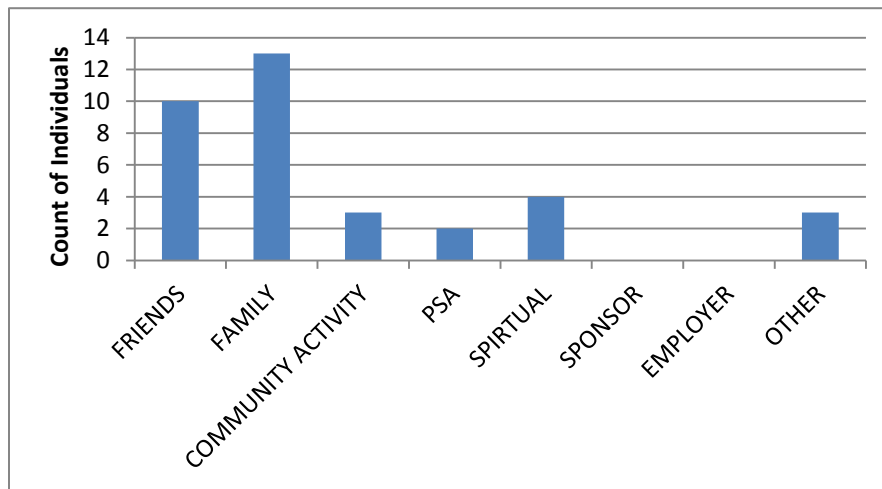
	YES	NO
Measure 12a: Individual is competitively employed	4	15
Measure 12b: Individual lives in an independent residence	16	3
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	8	3

Measure 12d: Individual is integrated in his/her community	12	7
Measure 12e: Individual has choice in housing	13	6
Measure 12f: Individual has choice in his/her treatment planning, goals and services	16	3
Measure 12g: Individual has the ability to manage his/her own schedule/time	15	4
Measure 12h: Individual spends time with peers and /or family	16	3
Measure 12i: Individual feels supported by those around him/her	16	3
Measure 12j: Efforts have been made to strengthen social supports if needed	17	2
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	19	0
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	18	1
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	19	0

Additional Results

- For Measure 12d, six individuals responded they do not feel part of their community (CII Q104). The review of quarterly review documentation indicates that five individuals have people in their lives that act as a support system (CRR Q50), and 17 individuals were able to identify at least one natural support with whom they spend time; family being the most frequently mentioned support (CII Q98) (see Figure 4).

Figure 4: Identified Natural Supports



- Three individuals were competitively employed (CII Q50), but neither identified spending time with people from work to support their recovery (CII Q98).
- Sixteen individuals interviewed were living in independent residences. Two were living in an MFS run residential program, Emerald house, and one lived in a place where he rented a room with shared common space (CII Q28, SII Q21).
- Overall, zero individuals reviewed were observed to need additional services to support him/her achieving increased independence and integration into the community (OCR Q7).
- Overall, one individual reviewed was observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11). According to assessments and treatment plans, this individual needed therapy and medication services. The individual had reportedly been trying to schedule an appointment regarding medication and felt this was, in part, why he/she ended up requiring hospitalization (OCR Q12).
- Overall, zero individuals reviewed were determined to not be receiving the services necessary to live in the most integrated setting (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or

when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies risks to the individual, protective factors, and coping skills/interventions.

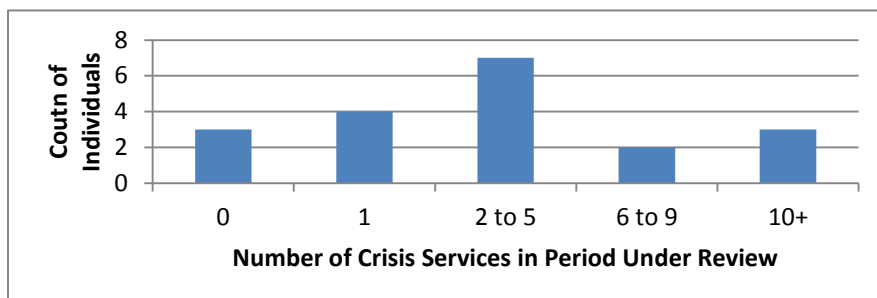
Eleven individuals were scored for Quality Indicator 13. MFS received a score of 64%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 19 individuals interviewed, eight individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review, or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	9	2
Measure 13b: Risk was assessed during crisis assessment	8	3
Measure 13c: Protective factors were assessed during crisis assessment	6	5
Measure 13d: Coping skills/interventions were identified during crisis assessment	5	6

Additional Results

- Three individuals scored had received 10 or more crisis services, one received six to nine, five received two to five, and two received one crisis service (CRR Q58). Figure 5 shows the number of crisis services received for all 19 individuals reviewed, and not just those who were scored.

Figure 5: Crisis Services Received in Period Under Review



Quality Indicator 14: Appropriateness of Crisis Plans

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Nineteen individuals were scored for Quality Indicator 14. MFS received a score of 68%. Quality Indicator 14 consists of Measure 14a and Measure 14b.

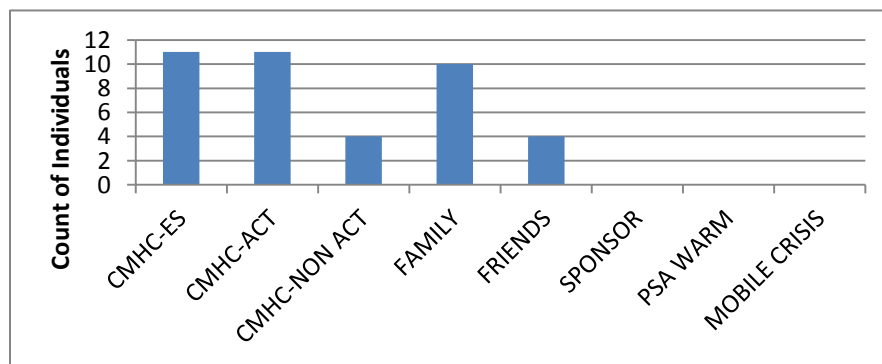
	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	15	4
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	11	8

Additional Results

- All 19 individuals had current crisis plans in their clinical records (CRR Q54).
- Four individuals had crisis plans written in a way that were not specific to the individual and his/her situation with regards to warning signs, symptoms, people they could go to for support, etc. (CRR Q55).

- Sixteen individuals were able to identify healthy coping skills they could utilize during a crisis (CII Q68).
- Twelve individuals reported staff helped them to develop a plan for how to manage a mental health crisis (CII Q69).
- All individuals could identify at least one support who they could call if experiencing a mental health crisis. The most common response was CMHC staff, followed closely by family (CII Q67) (see Figure 6).

Figure 6: Who the Individual Would Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

In order for an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

Nine individuals were scored for Quality Indicator 15. MFS received a score of 69%. Quality Indicator 15 consists of Measures 15a-15e. Of the 19 individuals interviewed, 10 individuals were considered not applicable for Indicator 15 because they did not use crisis services during

the period under review or utilization of crisis services within the period under review was not endorsed by the individual, the staff and the clinical record. Specifically, 16 clinical records had documentation of crisis services being provided. Twelve individuals endorsed receiving crisis services, although those 12 were not all the same nine crisis episodes identified in the clinical records. Twelve staff endorsed individuals having received crisis services. When documentation and endorsements were analyzed, nine individuals could be scored. As MFS does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	6	3
Measure 15b: Communication with individual during crisis episode was adequate	7	2
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	7	2
Measure 15d: Crisis interventions occur at site of the crisis (if applicable)	0	0
Measure 15e: Individual was assisted to return to his/her pre-crisis level of functioning	5	4

Additional Results

- Four of the nine individuals who received crisis services accessed crisis services provided by ACT staff (CRR Q59).
- Three of nine individuals remained in the home/community setting following their most recent crisis service (CRR Q59).
- Of the three individuals who had received 10 or more crisis services, one individual had experienced at least one inpatient psychiatric admissions during the period under review, one had experienced at least nine inpatient psychiatric admissions, and one had experienced at least 10 inpatient psychiatric admissions (CRR Q58, CRR Q71).
- Two individuals responded they felt heard by staff occasionally during their crisis. No individuals indicated that they never felt heard by staff (CII Q73).
- Of the nine individuals scored for this indicator, seven of nine staff responded they received notification from a treatment provider that their client had received a crisis

service (SII Q60). Of those seven staff, six received notification within 24 hours (SII Q60).

- Eight staff responded they received all of the information needed regarding an individual's crisis episode (SII Q61).
- Eight of twelve individuals who reported having used crisis services responded the crisis services received "always" or "most of the time" helped them to feel like they did before the crisis (CII Q77).
- Eight of 11 staff who reported the individuals having used crisis services responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q64).
- See Table 4 for a description of data regarding individuals receiving crisis services and hospitalizations and ACT. The number of inpatient psychiatric admissions/hospitalizations for those individuals receiving ACT services was 17 and 14 for those individuals not receiving ACT services.

• **Table 4: Receipt of Crisis Services, ACT and Hospitalizations**

	Number of crisis services received: 1		Number of crisis services received: 2-5		Number of crisis services received: 6-9		Number of crisis services received: 10+		TOTAL
	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	
Number of individuals received crisis services during the period under review	2	2	4	3	2	0	2	1	16
Number of individuals started ACT within the past 12 months	1	N/A	2	N/A	0	N/A	0	N/A	3
Number of individuals started on ACT longer than the past 12 months	1	N/A	2	N/A	2	N/A	2	N/A	7
Number of inpatient psychiatric hospitalizations during the period under review	1	2	4	3	1	0	10	10	31

Source: QSR Clinical Record Review

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment

planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Due to the small and disproportionate size of the non-ACT sample, direct comparisons to the ACT sample are not made within this section of the report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 5: ACT vs. Non-ACT Indicator Scores.

Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Nineteen individuals were scored for Quality Indicator 16. MFS received a score of 100%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	19	0
Measure 16b: Individual receives ACT services when appropriate	19	0

Additional Results

- All but one staff indicated sufficient knowledge regarding ACT criteria and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q13).

Quality Indicator 17: Implementation of High Fidelity ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers.

Measure 17a is based on high fidelity standards: ACT teams are to have a capacity to provide high fidelity for frequency of contacts at an average of four or more contacts per week, and intensity at an average of two hours or more of contact per week. Of note, unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of the individuals. ACT services may be titrated when an individual needs more or fewer services.

Thirteen individuals were scored for Quality Indicator 17. MFS received a score of 44%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 19 individuals interviewed, six individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are provided at the level of service contacts per high fidelity	2	11
Measure 17b: ACT services were provided using a team approach	5	8
Measure 17c: ACT services were provided in the home/community	4	9
Measure 17d: ACT team collaborates with community providers	12	1

Additional Results

An MFS ACT Fidelity Review of was completed in August 2017. MFS received a “Fair Implementation” rating with a score of 110 out of a possible 140 points. The lowest scoring areas (scored a 1 on a 5-point scale) were: Work with Informal Support System, Co-occurring Disorder Treatment Groups, and Substance Abuse Specialist on ACT. In addition to developing improvement plans to address those low scoring areas, MFS also has an ACT Fidelity improvement plan in place to address continuity of staffing, time unlimited services, responsibility for crisis services, and co-occurring disorders model.

Data from this QSR regarding the ACT services provided to 13 individuals indicates the following:

- Seven of the 13 individuals had face-to-face contact with two or more different ACT Team staff during the four complete weeks prior to the QSR (CRR Q65).
- Five of the 13 individuals had a minimum of two hours of face-to-face contact with their ACT Team during the four complete weeks prior to the QSR (CRR Q66).
- Three of the 13 individuals had four or more face-to-face contacts with ACT Team staff per week during the four complete weeks prior to the QSR (CRR Q67).
- Nine individuals responded that they received all the ACT services they needed from their ACT Team, three individuals responded that they somewhat received all the ACT services they needed from their ACT Team, and one individual responded they did not receive all the services they needed from their ACT Team (CII Q22).
- Eight individuals responded they saw their ACT staff as often as they felt was needed (CII Q26).
- Four of the 13 individuals had 80% or more of their ACT services provided in the community (CRR Q68). Of note, many individuals did respond that they met in both the home/community and at the office, so not *all* services were provided in the office. However, three individuals did specifically report that most or all of their services were provided in the office (CII Q24). Staff reported that 11 individuals were receiving the majority of their services in the home and community and that two were receiving most of their ACT services at the office (SII Q18).

- MFS reported that they currently have a substance abuse specialist on their ACT team (CRR Q69).

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Ten individuals were scored for Quality Indicator 18. MFS received a score of 77%. Quality Indicator 18 consists of Measures 18a-18g. Of the 19 individuals interviewed, ten individuals and staff confirmed/remembered an inpatient psychiatric admission occurred during the past 12 months and therefore were applicable for scoring. Individuals were scored as follows:

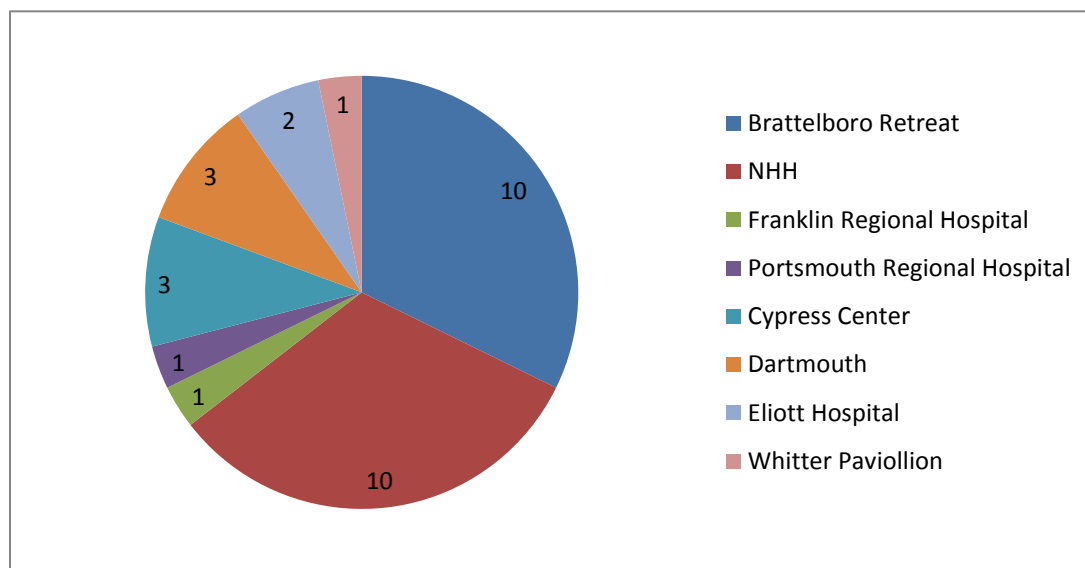
	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	6	4
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	8	2
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	9	1
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	7	3
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	8	2
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	7	3

Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	9	1
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Additional Results

- For all 19 individuals reviewed, 31 inpatient admissions occurred during the period under review. Ten admissions were at New Hampshire Hospital and 10 admissions were at Brattleboro Retreat. The remaining 11 were divided between other New Hampshire inpatient facilities and one in Massachusetts (CRR Q72) (see Figure 7 below).

Figure 7: Inpatient Psychiatric Admissions



- Of the 10 individuals who had a psychiatric admission during the past 12 months and were scored for Indicator 18, one individual had 10 distinct admissions, one individual had nine distinct admissions, two individuals had two distinct admissions, and six individuals had one distinct admission (CRR Q71).
- Two individuals talked with a community provider about services prior to discharge (CII Q84).
- Two individuals had a readmission within 90 days (CRRQ72).
- Nine individuals felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q93,CII Q95).
- Overall, one individual reviewed was observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).

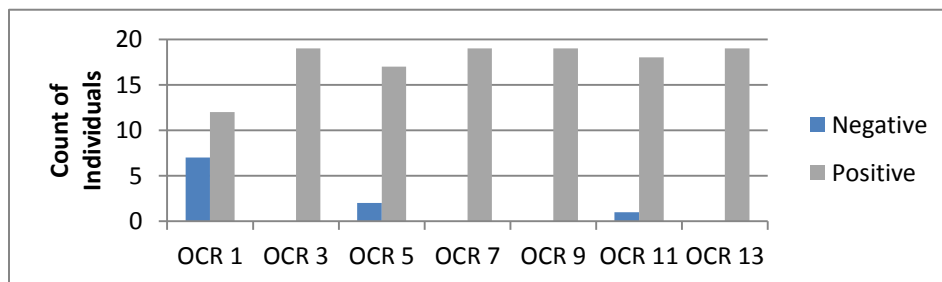
According to assessments and treatment plans, this individual needed therapy and medication services. The individual had reportedly been trying to schedule an appointment regarding medication and felt this was, in part, why he/she ended up requiring hospitalization (OCR Q12).

Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 6, Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and/or the staff interview.

Of the 19 individuals reviewed, eight did not achieve one or more of the OCR outcomes (see Figure 8). Of the eight individuals not achieving an OCR outcome, four individuals were receiving ACT services.

Figure 8: Overall Client Review Results



VI. Conclusions

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the MFS's achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT

fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

CMHA Substantive Provisions

1. Crisis Services Outcomes

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
 - i. **Conclusion:** MFS did not meet this provision as evidenced by Measure 15e whereas five out of nine individuals who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1(d)** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** MFS did not meet this provision as evidenced by a score of 68% for the Crisis domain. Of note, OCR Q11 was positive whereas 18 of 19 individuals reviewed receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. Compliance with Provision V.C.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
 - ii. **Conclusion:** MFS did not meet this provision as evidenced by a score of 44% for Quality Indicator 17: Implementation of High Fidelity ACT Services and nine out of 13 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1). Other data points relevant to this provision include:
 - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services received an average score of 75%.
 - 2. Thirteen of 13 individuals receiving ACT services did not have indication of needing additional services that had not already been

identified in either the assessment and/or treatment plan (OCR Q3).

3. Thirteen of 13 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).

b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.

- i. Compliance with Provision V.C.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.

ii. **Conclusion:** MFS met this provision as evidenced by the following:

1. Those receiving ACT services had a total average score of 77% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
2. Thirteen of the 13 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
3. Thirteen of the 13 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
4. Thirteen of the 13 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).

- c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
 - i. **Conclusion:** MFS met this provision as evidenced by an average score of 70% for the Crisis domain for individuals receiving ACT services.
- 3. **Supported Housing Outcomes**
 - a. **Provision V.E.1** - Supported housing meets individuals' needs.
 - i. **Conclusion:** MFS met this provision as evidenced by a score of 84% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 93 % for Quality Indicator 6: Adequate Individual Housing Service Delivery.
 - b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
 - i. **Conclusion:** MFS met this provision as evidenced by a score of 100% for the Housing domain and OCR Q9, whereas 19 of the 19 individuals reviewed received services adequate to obtain and maintain stable housing (OCR Q9).
- 4. **Supported Employment Outcomes**
 - a. **Provision V.F.1** - Provide supported employment services consistent with the Dartmouth evidence-based model.
 - i. **Conclusion:** MFS met this provision as evidenced by the Supported Employment Fidelity Review in January 2018. The MFS SE Fidelity Review resulted in a score of 103 points out of a possible 125 points, or “Good Fidelity.”
 - b. **Provision V.F.1** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
 - i. **Conclusion:** MFS did not meet this provision as evidenced by a score of 43% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. Family Support Programs Outcome

a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.

i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region V.

1. In FY 2017, NAMI NH provided a variety of support groups including:

- a Family Support Group in Keene for those with an adult loved one living with mental illness with a total membership of 150 members, that meets monthly in Keene, with an average attendance of 12 members per meeting;
- a Family Support Group in Peterborough for those with an adult loved one living with illness with a total membership of 60 members, that meets in Peterborough, with an average attendance of 12 members per meeting;
- two Facebook Support Groups, one for parents/caregivers of youth with serious emotional disturbance with a total of 286 members across *all of NH*, and one for family members with an adult loved one living with mental illness with a total of 388 members; and
- a Survivor of Suicide Loss Support Group that meets weekly in Keene with approximately 14-18 attendees, and a monthly group that meets monthly in Peterborough with approximately 10-15 attendees.

2. NAMI NH provided one-to-one support to a total of 13 Region V families in FY 2017: four family with an adult loved one living with mental illness, eight families with children with serious emotional disturbance, and one family of an older adult with behavioral health issues.

3. NAMI NH responded to 22 Information and Resource contacts in the previous year.
4. NAMI NH offered its Family-to-Family signature program (delivered in 12 sessions) in Keene to a total of 12 participants.

6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

- i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services Monadnock Area Peer Support provided in Region V.

1. Monadnock Area Peer Support is the peer support agency serving the MFS catchment area with an office located in Keene.
2. Peer supports and services include: individual and group peer support; peer advocacy; rights advocacy; outreach; telephone support; warmline services; wellness and recovery action plan training; monthly newsletters; meditation; spirituality, psychiatric survivors, and other groups; educational events; fundraising events; and assistance with educational and vocational pursuits.
3. In FY 2017, Monadnock Area Peer Support offered the following educational events:
 - Healthy Monadnock, Lindsey Austin-Davis
 - Phoenix House, John Letendre
 - Cheshire County Addiction Assistance Recovery Initiative
 - Disability Rights Center
 - Hundred Nights, Inc., Lena Mark
 - Philanthropist John Hoffman
 - Sarah Johnston, MADAC
 - NAMI Walk
 - NH Peer Support Conference
 - NH NAMI Conference

4. For FY 2017, various Monadnock Area Peer Support staff were trained in Intentional Peer Support, Wellness Recovery Action Planning, and peer respite.
5. For the fourth quarter in FY 2017, Monadnock Area Peer Support had 190 members in Keene with an average daily visits rate of 14 members.

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b, Measure 7a, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** MFS met this provision as evidenced by the following:
 1. The average of individuals who scored yes for Measure 3b (16 of 19 individuals received services that were flexible to meet their changing needs and goals), and Measure 7a (15 of 19 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 82%.
 2. For Quality Indicator 12, MFS scored 79%.
 3. Nineteen of the 19 individuals reviewed received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
 4. Eighteen of the nineteen individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

5. Nineteen of the 19 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcome

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
 - i. **Conclusion:** MFS met this provision as evidenced by an average score of 73% for the seven domains and OCR Q5, whereas 17 of 19 individuals receiving all of the services and supports they need to ensure health, safety, and welfare.

9. Obtain and Maintain Stable Housing Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
 - i. **Conclusion:** MFS met this provision as evidenced by a score of 85% for the Housing domain.

10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q72), the Crisis domain, and OCR Q11.
 - ii. **Conclusion:** MFS did not meet this provision as evidenced by a score of 68% for the Crisis domain. The other data points relevant to this provision are as follows:
 1. Of the 10 individuals who experienced an inpatient psychiatric admission, three individuals were re-hospitalized within 90 days (CRR Q72).

2. Eighteen of the 19 individuals interviewed received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

MFS scored below the 70% threshold for the following six quality indicators:

Quality Indicator 8: Adequacy of employment assessment/screening

Quality Indicator 10: Adequacy of individual employment service delivery

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 14: Appropriateness of crisis plans

Quality Indicator 15: Comprehensive and effective crisis service delivery

Quality Indicator 17: Implementation of ACT Services

Based on the QSR assessment data, the following focus areas were identified for incremental improvements over the next year:

1. *Increase the number of individuals receiving adequate employment assessment/screening (Quality Indicator 8).*
2. *Increase the number of individuals receiving adequate employment service delivery (Quality Indicator 10).*
3. *Increase the number of individuals receiving adequate crisis assessments (Quality Indicator 13).*
4. *Increase the number of appropriate of crisis plans (Quality Indicator 14).*
5. *Increase the comprehensiveness and effectiveness of crisis service delivery (Quality Indicator 15).*
6. *Increase the number of ACT program recipients who are receiving high fidelity ACT services (Quality Indicator 17).*

For additional information and data related to these areas in need of improvement, please reference Section V. “Monadnock Family Services QSR Findings” and the “Additional Results” listed under the respective quality indicator.

VIII. Next Steps

Within 30 calendar days of receipt of this final report, MFS is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Administrator of Operations and the OQAI Program Planning and Review Specialist.

IX. Addendum

Monadnock Family Services had an opportunity to review the QSR initial report during a 15-day review period. MFS provided recommendations on structuring additional information into the QSR reports. DHHS will take the feedback into consideration for FY19 reviews.

DHHS did update and make the following corrections to the initial report:

- In Quality Indicator 14, bullets 3-4 were corrected to reflect that the questions referred to came from the Client Interview Instrument (CII), not the Clinical Record Review (CRR) as originally indicated.
- In Quality Indicator 18, the graph in Figure 7: Inpatient Psychiatric Admissions was expanded to display all 8 facilities; in the initial report, three facilities had been inadvertently hidden when the graph had been resized.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20)
retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”,
Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “ Natural Supports”,
http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know what will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.

7. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the individual.

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a									1b							1c							1d						
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths						Assessment information was gathered through face to face appointment(s)				Assessments and TX plans have adequately identified service needs									
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3							
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO							
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO							
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO							
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES							
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO							
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO							
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1		1 YES=								
			NonACT= 75%																						5 No=								
			ACT= 83%																														

Appendix 3: MFS QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual

6c	OCR Q9 Services are adequate to obtain and maintain stable housing
7	Effectiveness of the housing services provided (CMHA VII.A)
7a	Housing Supports and services enable individual to meet/progress towards identified housing goals
7b	Housing supports and services enable individual to maintain safe housing
7c	Housing supports and services enable individual to maintain stable housing
7d	Housing supports and services enable individual to be involved in selecting their housing
7e	OCR Q9 Services are adequate to obtain and maintain stable housing
EMPLOYMENT SERVICES AND SUPPORTS	
8	Adequacy of employment assessment/screening (CMHA VII.D.1)
8a	Individual needs are adequately identified
8b	Individuals received a comprehensive assessment of employment needs and preferences when applicable.
9	Appropriateness of employment treatment planning (CMHA V.F.1)
9a	Treatment plans are appropriately customized to meet the individual's changing needs and goals
10	Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)
10a	Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing employment needs
10b	Employment Services and supports are meeting individual's goals
COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS	
11	Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
11a	Assessment identifies individuals' related needs and preferences
11b	Assessment identifies individuals' related strengths
12	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4)
12a	Individual is competitively employed
12b	Individual lives in an independent residence
12c	Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility
12d	Individual is integrated in his/her community
12e	Individual has choice in housing
12f	Individual has choice in their treatment planning, goals and services

- 12g Individual has the ability to manage his/her own schedule/time
- 12h Individual spends time with peers and/or family
- 12i Individual feels supported by those around him/her
- 12j Efforts have been made to strengthen social supports if needed
- 12k OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
- 12k OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
- 12k OCR Q13 Services are adequate to live in the most integrated setting

CRISIS SERVICES AND SUPPORTS

- 13 Adequacy of crisis assessment (CMHA V.C.1)
 - 13a Assessment was timely
 - 13b Risk was assessed
 - 13c Protective factors were assessed
 - 13d Coping skills/interventions were identified
- 14 Appropriateness of crisis plans
 - 14a Individual has a crisis plan that is person centered
 - 14b Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
- 15 Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
 - 15a Communication with treatment providers was adequate
 - 15b Communication with individual was adequate
 - 15c Crisis service delivery is sufficient to stabilize individual as quickly as practicable
 - 15d Crisis interventions occur at site of the crisis (if applicable)
 - 15e Individual is assisted to return to his/her pre-crisis level of functioning

ACT SERVICES AND SUPPORTS

- 16 Adequacy of ACT screening (CMHA VII.D.1)
 - 16a ACT screening was completed
 - 16b Individual receives ACT services when appropriate
- 17 Implementation of High Fidelity ACT Services (CMHA V.D.2.b; V.D.2.c)
 - 17a ACT Services are provided at the level of service contacts per high fidelity
 - 17b ACT services are provided using a team approach
 - 17c ACT services are provided in the home/community

17d ACT team collaborates with community providers

IPA TRANSITION/DISCHARGE

18 Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)

18a Individual was involved in the discharge planning process

18b There was In-reach by the community mental health center

18c Individual returned to appropriate housing

18d Service provision has the outcome of increased community integration

18e Coordination of care

18f Absence of 90 day readmission to an inpatient psychiatric facility

18g OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

Appendix 4: Agency Overview

Monadnock Family Services (MFS) was established in 1905 as a non-profit, community-based mental health care provider serving the needs of children, adolescents, and adults and their families. MFS is approved from July 2017 to August 2022 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. MFS is designated as a CMHP for Region V, which encompasses 35 cities and towns across both Cheshire and Hillsborough counties.

MFS has offices located in Keene, Peterborough, and Jaffrey that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI).

The center operates Emerald House, a staffed 10-bed transitional living residence and treatment center, for persons recovering from mental illness and preparing to re-enter their community, or who need transitional supports and skill building to achieve their goal of independent living.

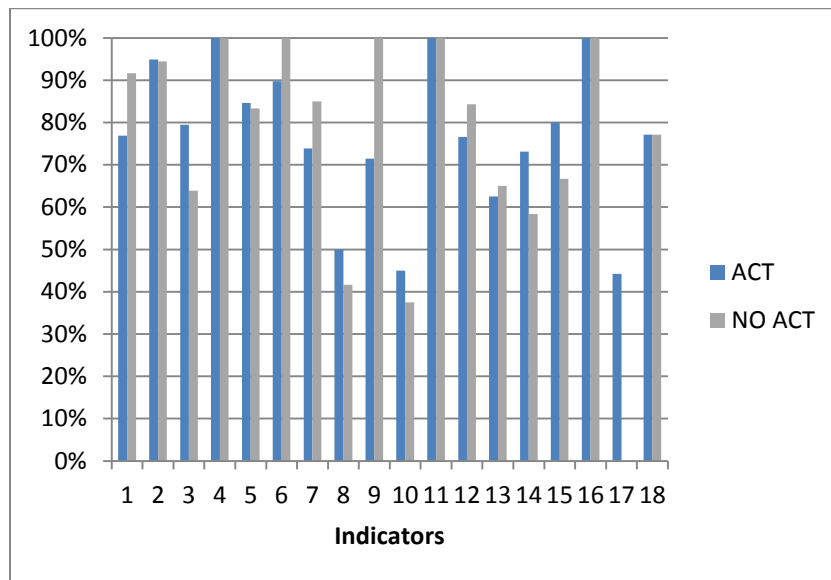
MFS offers a several unique and evidence-based programs include the individual and group Dialectical Behavioral Therapy (DBT), the InSHAPE program, Services Restorative Partial Hospitalization program, and the Feedback Informed Treatment program. MFS is also a partner with the Integrated Delivery Network Copilot Program.

MFS has a contractual relationship with the Cheshire Medical Center in Keene. MFS Emergency Services clinicians staff the Cheshire Medical Center Emergency Department and provide emergency evaluations for all individuals who present at the emergency department in a behavioral health crisis.

MFS does not have a contractual service provision relationship with Monadnock Community Hospital in Peterborough. Monadnock Community Hospital staff provides psychiatric emergency evaluations for all individuals who present in their emergency department. MFS does provide referral and information for any MFS client who may utilize the Monadnock Community Hospital emergency department.

Appendix 5: ACT vs Non-ACT Indicator Scores

N:	Indicator	Score % and N				Difference
		ACT	ACT N	NO ACT	NO ACT N	
19	1 Adequacy of Assessment	77%	13	92%	6	-15%
19	2 Appropriateness of treatment planning	95%	13	94%	6	0%
19	3 Adequacy of individual service delivery	79%	13	64%	6	16%
19	4 Adequacy of Housing Assessment	100%	13	100%	6	0%
19	5 Appropriate of Housing Treatment Plan	85%	13	83%	6	1%
19	6 Adequacy of individual housing service delivery	90%	13	100%	6	-10%
19	7 Effectiveness of Housing supports provided	74%	13	85%	6	-11%
19	8 Adequacy of employment assessment/screening	50%	13	42%	6	8%
11	9 Appropriateness of employment treatment planning	71%	7	100%	4	-29%
14	10 Adequacy of individual employment service delivery	45%	10	38%	4	8%
19	11 Adequacy of Assessment of social and community integration needs	100%	13	100%	6	0%
19	12 Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	77%	13	84%	6	-8%
11	13 Adequacy of Crisis Assessment	63%	7	65%	4	-3%
19	14 Appropriateness of crisis plans	73%	13	58%	6	15%
9	15 Comprehensive and effective crisis service delivery	80%	6	67%	3	N/A
19	16 Adequacy of ACT Screening	100%	13	100%	6	0%
13	17 Implementation of High Fidelity ACT Services	44%	13	N/A	0	N/A
10	18 Successful transition/discharge from the inpatient psychiatric facility	77%	5	77%	5	0%



Appendix 6: Overall Client Review (OCR)

OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1 Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.

If YES, Skip to OCR Q3

OCR Q2 What is not consistent with the individual's demonstrated need?

OCR Q3 Are there additional services (including changes in intensity, frequency, or duration) the individual needs that have not been identified in assessments or on the treatment plan? Yes or No.

If NO, Skip to OCR Q5

OCR Q4 What additional services are needed?

OCR Q5 Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.

If YES, Skip to OCR Q7

OCR Q6 What additional services are needed?

OCR Q7 Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.

If YES, Skip to OCR Q9

OCR Q8 What additional services are needed?

OCR Q9 Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.

If YES, Skip to OCR Q11

OCR Q10 What additional services are needed?

OCR Q11 Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization?

If YES, Skip to OCR Q13

OCR Q12 What additional services are needed?

OCR Q13 Is the individual receiving adequate services to live in the most integrated setting?

If YES, Skip to OCR Completion Box

OCR Q14 What additional services are needed?